SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

| | FOR LINE NUMBER: | | | | PAGE | 2 | 98 OF | 279 | | |
|---|------------------|-----|--|-----|------|-----|-------|-----|----|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | 1° | |

| | Statements may not be sold or used by any personance name and address of any political committee to | | | | | |
|--|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) DNC Services Corp./Dem. Nat | I Committee | | | | | |
| Full Name (Last, First, Middle Initial) Patricia A Carey Mailing Address 2509 Kathy Ct. | | Date of Receipt | | | | |
| City Oklahoma City | State Zip Code OK 73120 | 04 19 2011 Transaction ID : C25661039 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 25.00 | | | | |
| Name of Employer McBride Orthopedic Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Registered Nurse Aggregate Year-to-Date ▼ 325.00 | | | | | |
| Full Name (Last, First, Middle Initial) Robert D Carey Mailing Address 2000 Atrium Parkway Apt 22- | Date of Receipt 04 01 2011 | | | | | |
| City Napa | State Zip Code CA 94559 | Transaction ID : C25611012 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | С | 200.00 | | | | |
| Name of Employer Retired | Occupation Retired | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | | | | | |
| Full Name (Last, First, Middle Initial) C. Robert Robert Carey | | Date of Receipt | | | | |
| Mailing Address 618 W. Lyon Farm Dr. | 7.0.4 | 04 12 2011 | | | | |
| City Greenwich | State Zip Code CT 06831-4365 | Transaction ID : C25636164 Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | C | 80.00 | | | | |
| Name of Employer Retired Receipt For: | Occupation Retired Aggregate Year-to-Date ▼ | | | | | |
| Primary General Other (specify) ▼ | 290.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 305.00 | | | | |
| TOTAL This Period (last page this line number | only) | | | | | |